Case No.: 02-004

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As	a below named inventor, I hereby declare that:
My	residence, post office address and citizenship are as stated below next to my name.
firs	elieve I am the original, first and sole inventor (if only one name is listed below) or an original and joint inventor (if plural names are listed below) of the subject matter which is claimed I for which a patent is sought on the invention entitled:
	Modular System for Customized Orthodontic Appliances
the	specification of which is attached hereto unless the following space is checked:
as l	United States Application Serial Number or PCT International Application Numberand was amended on (if applicable).
I he	ereby state that I have reviewed and understand the contents of the above-identified ecification, including the claims, as amended by any amendment referred to above.
	cknowledge the duty to disclose information which is material to patentability as defined in $37 \mathrm{R} \ \S \ 1.56$.
app whide or	ereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign edication(s) for patent or inventor's certificate, or § 365(a) of any PCT international application ich designated at least one country other than the United States, listed below and have also entified below, by checking the box, any foreign application for patent or inventor's certificate, PCT international application having a filing date before that of the application on which ority is claimed.
	for Foreign Application(s): Imber Country Day/Month/Year Filed
ap Ap	ereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional plication(s) listed below: oplication Number Filing Date
1. 2.	
I h	hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States, listed below and, insofar as

the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Status: patented, pending, abandoned **Application Number** Filing Date 1. 2. 10 I hereby appoint all the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and I direct that all correspondence be addressed to that Customer Number: 15 Customer Number 020306 Principal attorney or agent: Thomas A. Fairhall, Reg. No. 34,591 Telephone number: (360) 379 - 6514. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these *. statements were made with the knowledge that willful false statements and the like so made are 25 punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. -4 Full name of inventor (given name, family name): Dr. Dirk Wiechmann Signature Date: Residence: Bad Essen, Germany Citizenship: Germany Residence Address: Am Göslings Siek 4 35 49152 Bad Essen, Germany 40 Full name of inventor (given name, family name): Ralf Paehl Signature Date: Residence: Melle, Germany 45 Citizenship: Germany Residence Address: Karlsweg 26b 49324 Melle, Germany